Scottish Patient Safety Programme
Mental Health
Change Package
Welcome to the SPSP mental health change package

The aim of the SPSP mental health change package is to provide you with evidence-based guidance to support the delivery of improvement in adult inpatient settings. A change package consists of a number of high-level outcomes supported by activities that when implemented, bring about improvement. It brings together what is known about best practices and processes based on evidence from literature, research, and the experiences of others.

Why have we developed this change package?

This change package is for services providing inpatient care to adults. It will support teams to use quality improvement methods and improve human rights, trauma informed care and reductions in restraint and seclusion practices.

What is included in this change package?

- Driver diagram
- Change ideas
- Guides, tools and signposts to examples of good practice
- Information on the evidence base. The change package is also supported by an evidence summary.
- Guidance to support measurement
Programme aim

The aim of the SPSP mental health improvement collaborative is:

Everyone in adult mental health inpatient wards experiences high quality, safe and person centred care every time

Setting a project aim

All quality improvement projects should have an aim that is Specific, Time bound, Aligned to the NHS board’s objectives and Numeric (STAN). We suggested you develop an aim for your improvement work aligned to the primary drivers in this change package. For example:

25% reduction in restraint in inpatient ward X by March 2023
Everyone in adult mental health inpatient wards experiences high quality, safe and person centred care every time.

**Aim**

- ‘From Observation to Intervention’ guidance into practice
- Reduce and improve the safety of restraint practices
- Reduce and improve the safety of seclusion practices

**Primary Drivers**

**Secondary Drivers**

- Infrastructure to support human rights based, trauma informed contemporary practice
- Person-centred care planning*
- Continuous interventions are delivered by core, familiar and skilled staff
- Early detection, prevention and intervention with patients at risk of deterioration or harm
- Use preventative, early and therapeutic intervention approaches that are trauma informed
- Use of safe communication processes*
- Accurate, Relevant and up-to-date policy and education
- The Design and utilisation of environment to promote safety

*Essentials of Safe Care*
<table>
<thead>
<tr>
<th>Change Ideas – ‘From Observation to Intervention’ guidance into practice</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>infrastructure to support human rights based, trauma informed contemporary practice</strong></td>
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<td><strong>Person-centred care planning</strong></td>
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<td><strong>Continuous interventions are delivered by core, familiar and skilled staff</strong></td>
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<tr>
<td><strong>Early detection, prevention and intervention with patients at risk deterioration or harm</strong></td>
</tr>
<tr>
<td>Develop and implement local approaches to care aligned to ‘From Observation to Intervention’ guidance</td>
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<tr>
<td>Increase staff capacity and capability to provide new models of care</td>
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<tr>
<td>Awareness sessions for patients and carers to increase knowledge of new approaches to care</td>
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<tr>
<td>Identify roles and responsibilities within MDT to provide new models of care</td>
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</tbody>
</table>

Essentials of Safe Care*
Evidence and examples – ‘From Observation to Intervention’ guidance into practice

Why is it important?
To support and challenge all mental health care practitioners to move away from the traditional practice of enhanced observation and work instead towards a framework of proactive, responsive, personalised care and treatment which puts the patient firmly at its centre.

Evidence, examples of practice and education
Healthcare Improvement Scotland: From Observation to Intervention – Guidance
Mental Welfare Commission: Person Centred Care Plans -Good Practice Guide
Mental Welfare Commission: Human Rights in Mental Health Services - Good Practice Guide
NHS Education for Scotland: National Trauma Training Programme

Tools
Mental Welfare Commission: Rights in Mind - Booklet
What Matters to You? - Tools and Resources
Healthcare Improvement Scotland: Improving Observation Practice - Case Studies
## Change Ideas – **Reduce and Improve** the safety of restraint practices

<table>
<thead>
<tr>
<th>Use preventative, early and therapeutic intervention approaches that are trauma informed</th>
<th>Communication process* Before, during and after use of restraint</th>
<th>Accurate, relevant and up-to-date policy and education</th>
<th>The Design and utilisation of environment to promote safety</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aligned person centred clinical needs assessment, risk assessment and safety planning</td>
<td>Safety briefs and Huddles*</td>
<td>‘From Observation to Intervention’ – Strand 5 – Least Restrictive Practice</td>
<td>Heat maps of episodes of restraint</td>
</tr>
<tr>
<td>De-escalation techniques: Staff are trained and use</td>
<td>Debrief following incidents of restraint</td>
<td>Local Restraint Reduction policy in place and monitored</td>
<td>InSitu Simulation of safety events</td>
</tr>
<tr>
<td>Using evidence based, structured approaches to reducing risk e.g. BVT checklist</td>
<td>Improve communication between staff, families and carers</td>
<td>Local training is informed by incident reviews and local context</td>
<td>Review the suitability of ward environment</td>
</tr>
<tr>
<td>Regular review of PRN medication for patients at risk of deterioration</td>
<td>Follow up with witnesses of restraint</td>
<td>There is evidence staff have complete relevant training/E-learning</td>
<td>Improve use of outdoor space</td>
</tr>
</tbody>
</table>

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*Essentials of Safe Care*
Why is it important?
Restrictive practice, including restraint, seclusion and ‘informal seclusion’, can increase stigma, isolation and the risk of harm; it can adversely affect patients with a trauma background and it reduces the potential to ‘share risk’ between mental health practitioners and patients by reducing the opportunity to build trust and work collaboratively on safety planning that supports a patient’s autonomy and development of coping strategies.

Evidence, examples of practice and education

National Institute of Clinical Excellence (NICE): Violence and Aggression Short term Management in Mental Health Health and Community Settings - Guidance

Tools
Healthcare Improvement Scotland: Essentials of Safe Care - Safety Briefing and Huddles
Restrainment Reduction Network: Restrictive Practices Review Tool
Restrainment Reduction Network: Reducing Restrictive Practices Checklist
RCPSYCH: Reducing Restrictive Practice - Ideas for Changing Practice
The Bröset Violence Checklist
## Change Ideas – **Reduce and Improve** the safety of *seclusion* practices

<table>
<thead>
<tr>
<th><strong>Use preventative, early and therapeutic intervention approaches that are trauma informed</strong></th>
<th><strong>Communication process:</strong> Before, during and after use of or seclusion</th>
<th><strong>Accurate, relevant and up-to-date policy and education</strong></th>
<th><strong>The Design and utilisation of environment to promote safety</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Aligned person centred clinical needs assessment, risk assessment and safety planning</td>
<td>MDT Reviews of Patients in Seclusion</td>
<td>‘From Observation to Intervention’ – Strand 5 – Least Restrictive Practice</td>
<td>Regular review of seclusion and sensory room</td>
</tr>
<tr>
<td>De-escalation techniques: Staff are trained and use</td>
<td>Debrief following incidents of seclusion</td>
<td>MWC Good Practice Guide for Seclusion inform local practice</td>
<td>InSitu Simulation of safety events</td>
</tr>
<tr>
<td>Using evidence based, structured approaches to reducing risk</td>
<td>Improve communication between staff, families and carers</td>
<td>Local seclusion policy in place and monitored</td>
<td>Review the suitability of ward environment</td>
</tr>
<tr>
<td>Knowing patient preferences for managing stress and distress</td>
<td>Follow up with witnesses of seclusion</td>
<td>Staff complete relevant training/E-learning</td>
<td>Improve use of outdoor space</td>
</tr>
</tbody>
</table>
Evidence and examples – Reduce and Improve the safety of seclusion practices

Why is it important?
Restrictive practice, including restraint, seclusion and ‘informal seclusion’, can increase stigma, isolation and the risk of harm; it can adversely affect patients with a trauma background and it reduces the potential to ‘share risk’ between mental health practitioners and patients by reducing the opportunity to build trust and work collaboratively on safety planning that supports a patient’s autonomy and development of coping strategies.

Evidence, examples of practice and education
Mental Welfare Commission: Use of Seclusion - Good Practice Guide

Tools
Healthcare Improvement Scotland: Essentials of Safe Care - Safety Briefing and Huddles
Restrain Reduction Network: Restrictive Practices Review Tool
Restrain Reduction Network: Reducing Restrictive Practices Checklist
RCPSYCH: Reducing Restrictive Practice - Ideas for Changing Practice
The Bröset Violence Checklist
Measures are essential to help teams to learn if the changes they are making are leading to an improvement. An improvement project should have a small family of measures that track the progress of the project over time. These should include:

- **Outcome measures**: to tell the team whether the changes it is making are helping to achieve the stated aim. For example, number of restraints in your service.
- **Process measures**: to tell the team whether things that have to be done to achieve the desired outcomes are happening reliably. For example, a measure for patients with a person centred care plan in place.
- **Balancing measures**: to check for possible consequences elsewhere in the system. For example, staff experience.

More detailed guidance and the full list of suggested measures can be found in the measurement framework.